**ANEXO IV - Erasmus+ Mobility Application - Studies**

**Academic Year: 2021/22**

|  |  |
| --- | --- |
| **Surname** |  |
| **First name(s)** |  |
| **Student ID** |  |

**Period Abroad**

|  |  |
| --- | --- |
| **Programme dates** | |
| **Start date (DD/MM/YYYY)\*** | **End date** **(DD/MM/YYYY)\*** |
|  |  |

**\*Dates have to be exact as this determines your grant funding**

**Partner Institution**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | Universidade Estadual do Oeste do Paraná - Unioeste | | | | |
| **Erasmus Code** | 947169984 | | | | |
| **Country** | Brazil | | | | |
| **Language of instruction** | Portuguese | | | |
| **If host language, please cross level of proficiency** | Novice/ Beginner | Intermediate  X | Advanced | Fluent |

**Programme details**

|  |  |
| --- | --- |
| **Programme of study** |  |
| **Study level** | Undergraduate/Postgraduate/PhD |
| **Is this course full or part time?** |  |
| **Year of study** |  |
| **Have you enrolled for 2021/22 yet?** |  |

**Previous participation**

|  |  |
| --- | --- |
| **Have you previously participated in an Erasmus+ mobility?** | Yes / No |

**Personal Details**

|  |  |
| --- | --- |
| **Home Address** |  |
| **Date of birth (DD/MM/YYYY)** |  |
| **Gender** |  |
| **Nationality** |  |
| **Email** |  |
| **Telephone** |  |
| **Do you have any special needs?** |  |
| **Additional grants are available for students from a disadvantaged background. (For clarification on disadvantaged background criteria, please speak to your mobility coordinator). Is this applicable?** |  |

**Student declaration**

I declare that the information supplied above is correct, to the best of my knowledge and that none of the information requested has been omitted.

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

**TO BE COMPLETED BY THE COURSE DIRECTOR/RESEARCH SUPERVISOR**

|  |  |
| --- | --- |
| Does the host institution use ECTS (European Credit Transfer System)? | Yes / No |
| Only periods of study which are part of the student's curriculum are eligible. Do you confirm the proposed programme of study is integrated into the student’s current degree course and will be formally recognised as part of the degree?  (Full recognition must be awarded, preferably using ECTS credits). | Yes / No |
| Is the ability to participate conditional upon passing a stage of assessment at your institution prior to departure? | Yes / No |

**Declaration of Course Director/Supervisor**

I confirm that I have read the information provided by the student and that the information supplied above and in the preceding pages is correct to the best of my knowledge. I also confirm that this application has my support on academic grounds and that full recognition for the mobility abroad will be granted towards the award at Birmingham City University.

|  |  |
| --- | --- |
| **Name (PRINT)** |  |
| **Signed** |  |
| **Date** |  |